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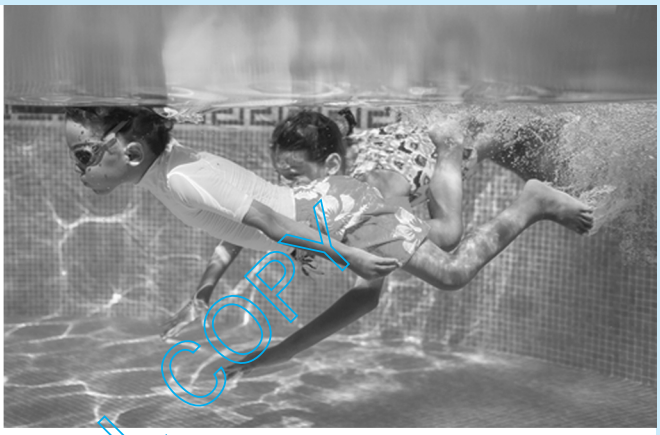
OMB No. 0607-0990: Approval Expires 04/30/2019

National Survey of Children's Health

A study by the U.S. Department of Health and Human Services to better understand the health issues faced by children in the United States today.



The U.S. Census Bureau is conducting the National Survey of Children's Health on behalf of the U.S. Department of Health and Human Services (HHS) under Title 13, United States Code, Section 8(b), which allows the Census Bureau to conduct surveys on behalf of other agencies. Title 42 U.S.C. Section 701(a)(2) allows HHS to collect information for the purpose of understanding the health and well-being of children in the United States. The data collected under this agreement are confidential under 13 U.S.C. Section 9. All access to Title 13 data from this survey is restricted to Census Bureau employees and those holding Census Bureau Special Sworn Status pursuant to 13 U.S.C. Section 23(c).

Any information you provide will be shared among a limited number of Census Bureau and HHS staff only for work-related purposes identified above and as permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a).

Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.

NSCH-S1
(04/11/2016)

Start Here

If your household does not have any children, answer the first question below and then return the questionnaire.

If your household has children 0 - 17 years old, please have an adult who is familiar with their health and health care answer all of the questions that apply.

Thank you for helping us learn about the health and well-being of America's children.

If you:

- Need help or have questions about completing this form
- Need Telephone Device for the Deaf (TDD) assistance

Please call: 1-800-845-8241. The telephone call is free.

Si usted:

- ¿NECESITA AYUDA? para completar su cuestionario
- Necesita aparato con monitor telefónico para los discapacitados auditivos (TDD)

Por favor llame al: 1-800-845-8241. La llamada es gratis.

In Your Home

1 **Are there any children 0-17 years old who usually live or stay at this address?**

☐ No

↳ ***If No**, STOP HERE after marking "No" and return this survey to us in the enclosed envelope. It is important that we receive a response from every household selected for this study.*

☐ Yes

2 **How many children 0-17 years old usually live or stay at this address?**

☐☐ Number of children living or staying at this address

3 **What is the primary language spoken in the household?**

☐ English

☐ Spanish

☐ Other Language, specify:

➜ **Answer the remaining questions for each of the children 0-17 years old who usually live or stay at this address.**

Start with the YOUNGEST CHILD, who we call "Child 1" and continue with the next oldest until you have answered the questions for all children who usually live or stay at this address.

CHILD 1
(Youngest)

First name, initials, or nickname of the youngest child

NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.

1 Is this child of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

2 What is this child's race? *Mark one or more boxes.*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Some other race

3 How old is this child? *If the child is less than one month old, round age in months to 1.*

☐☐ Years (or) ☐☐ Months

4 What is this child's sex?

☐ Male ☐ Female

5 If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

6 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

☐ Yes ☐ No

↳ **If yes**, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

7 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

☐ Yes ☐ No

↳ **If yes**, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

8 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

☐ Yes ☐ No

↳ **If yes**, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

9 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No

↳ **If yes**, is this because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

10 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

☐ Yes ☐ No

↳ **If yes**, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

☐ Yes ☐ No

CHILD 2
(Next oldest)

First name, initials, or nickname of the next oldest child

NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.

1 Is this child of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

2 What is this child's race? *Mark one or more boxes.*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Some other race

3 How old is this child? *If the child is less than one month old, round age in months to 1.*

☐☐ Years (or) ☐☐ Months

4 What is this child's sex?

- ☐ Male
- ☐ Female

5 If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

6 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

☐ Yes ☐ No

↳ **If yes**, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

7 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

☐ Yes ☐ No

↳ **If yes**, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

8 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

☐ Yes ☐ No

↳ **If yes**, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

9 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No

↳ **If yes**, is this because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

10 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

☐ Yes ☐ No

↳ **If yes**, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

☐ Yes ☐ No

CHILD 3
(Next oldest)

First name, initials, or nickname of the next oldest child

NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.

1 Is this child of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

2 What is this child's race? *Mark one or more boxes.*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Some other race

3 How old is this child? *If the child is less than one month old, round age in months to 1.*

☐☐ Years (or) ☐☐ Months

4 What is this child's sex?

- ☐ Male
- ☐ Female

5 If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

6 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

☐ Yes ☐ No

↳ **If yes**, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

7 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

☐ Yes ☐ No

↳ **If yes**, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

8 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

☐ Yes ☐ No

↳ **If yes**, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

9 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No

↳ **If yes**, is this because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

10 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

☐ Yes ☐ No

↳ **If yes**, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

☐ Yes ☐ No

CHILD 4
(Next oldest)

First name, initials, or nickname of the next oldest child

NOTE: Answer BOTH question 1 about Hispanic origin and question 2 about race. For this survey, Hispanic origins are not races.

1 Is this child of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin

2 What is this child's race? *Mark one or more boxes.*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Some other race

3 How old is this child? *If the child is less than one month old, round age in months to 1.*

☐☐ Years (or) ☐☐ Months

4 What is this child's sex?

- ☐ Male
- ☐ Female

5 If this child is YOUNGER THAN 4 YEARS OLD, please SKIP to question 6.

How well does this child speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

6 Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

☐ Yes ☐ No

↳ **If yes**, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

7 Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

☐ Yes ☐ No

↳ **If yes**, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

8 Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

☐ Yes ☐ No

↳ **If yes**, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

9 Does this child need or get special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No

↳ **If yes**, is this because of ANY medical, behavioral, or other health condition?

☐ Yes ☐ No

↳ **If yes**, is this a condition that has lasted or is expected to last 12 months or longer?

☐ Yes ☐ No

10 Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

☐ Yes ☐ No

↳ **If yes**, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

☐ Yes ☐ No

If there are more than four children 0-17 years old who usually live or stay at this address, list the age and sex for each. Do not repeat information for children already included for Child 1 through Child 4.

Child 5 *(Next oldest)* ▶

First name, initials, or nickname

Age ☐☐ Years (or) ☐☐ Months **Sex** ☐ Male ☐ Female

Child 6 *(Next oldest)* ▶

First name, initials, or nickname

Age ☐☐ Years (or) ☐☐ Months **Sex** ☐ Male ☐ Female

Child 7 *(Next oldest)* ▶

First name, initials, or nickname

Age ☐☐ Years (or) ☐☐ Months **Sex** ☐ Male ☐ Female

Child 8 *(Next oldest)* ▶

First name, initials, or nickname

Age ☐☐ Years (or) ☐☐ Months **Sex** ☐ Male ☐ Female

Child 9 *(Next oldest)* ▶

First name, initials, or nickname

Age ☐☐ Years (or) ☐☐ Months **Sex** ☐ Male ☐ Female

Child 10 *(Next oldest)* ▶

First name, initials, or nickname

Age ☐☐ Years (or) ☐☐ Months **Sex** ☐ Male ☐ Female

Mailing Instructions

Thank you for your participation.

On behalf of the U.S. Department of Health and Human Services, we would like to thank you for the time and effort you have spent sharing information about your household and the children of this household.

Your answers are important to us and will help researchers, policymakers and family advocates to better understand the health and health care needs of children in our diverse population.

Make sure you have:

- Listed all first names, initials, or nicknames of children 0-17 years old in the household
- Answered all questions for each child reported

Place the completed questionnaire in the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau
ATTN: DCB 60-A
1201 E. 10th Street
Jeffersonville, IN 47132-0001

You may also call **1-800-845-8241** to request a replacement envelope.